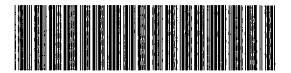
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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13 MAY 13 AM 10: 57

SECRETARY OF STATE
DIVISION OF CORPORATION

19 MAY 13 MM IN: 57

MAY 1 4 2013

T UNDOFFICE

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT.

Dial Cordy-PB&A Joint Venture LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lee Swain Name of Person Dial Cordy-PB&A Joint Venture LLC Firm/Company 490 Osceola Avenue Address Jacksonville Beach, FL 32250 City/State and Zip Code Iswain@dialcordy.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lee Swain

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

Certificate of Status

□\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A DOWN CLEE L. N.		
ARTICLE I - Name: The name of the Limited Liability Company	is:	
Dial Cordy-PB&A Joint Venture LLC		
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Li	ability Company is:
Principal Office Address:	Mailing Address:	
490 Osceola Avenue	490 Osceola Avenue	
Jacksonville Beach, FL 32250	Jacksonville Beach, FL 32250	
	ne registered agent are:	
490 Osceola Avenue Florida street	address (P.O. Box <u>NOT</u> acceptable)	
Jacksonville Beach	32250	
	FL State, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capall statutes relating to the proper and compand accept the obligations of my position as	in this certificate, I hereby accept the pacity. I further agree to comply wi plete performance of my duties, and	he appointment as ith the provisions of I I am familiar with
Registered Agent's Signature		SECRETAR DIVISION OF C
(CONT	'INUED)	
Page 1	of 2	AH IC

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Lee Swain
	490 Osceola Avenue
	Jacksonville Beach, FL 32250
MGRM	Paul Bechtel
	700 Lavaca Street, Suite 607
	Austin, TX 78701
MGRM	R. Steve Dial
	490 Osceola Avenue
	Jacksonville Beach, FL 32250
(Use attachment if necessary)	
	the date of filing: (OPTIO nust be specific and cannot be more than five busics.)
REQUIRED SIGNATURE:	
Simple of a market	mber of an authorized representative of a member.
Signature of a mei	nder of an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)